



BASIC INFORMATION

DEFINITION

Delivery of a baby through an incision in the mother's lower abdominal and uterine walls, performed when a vaginal delivery is not possible or is unsafe. This procedure is also called a C-section.

REASONS FOR PROCEDURE

Danger to the mother or baby from one or more of many causes, including:

- Baby's head too large to pass through the birth canal.
- Baby in the wrong orientation (head up) to pass through the birth canal (breech presentation).
- Insufficient contractions of the uterus.
- Abnormal placenta location obstructing the birth canal (placenta previa).
- Failure of normal labor in a patient who had a previous cesarean section.
- Fetal distress.
- Acute herpes genitalis infection.

RISK INCREASES WITH

- Prior cesarean section.
- Obesity.
- Smoking; poor nutrition; excess alcohol consumption.
- Placenta previa with excessive blood loss.
- Preeclampsia or eclampsia in pregnancy.
- Chronic heart or lung disease.
- Use of drugs, such as antihypertensives; cortisone; diuretics; or insulin.

DESCRIPTION OF PROCEDURE

- A regional or general anesthesia is administered.
- An incision is made in the abdomen.
- Another incision is made in the uterus.
- Baby, placenta and birth sac are removed.
- The uterus is closed and the abdominal contents are replaced. Connective tissue, muscles and skin are closed.
- The skin is closed with sutures or clips, which usually can be removed about 1 week after surgery.

EXPECTED OUTCOME

No complications expected. Allow 4 to 6 weeks for recovery from surgery.

POSSIBLE COMPLICATIONS

- Excessive bleeding or surgical-wound infection.
- Postoperative anemia.
- Endomyometritis (inflammation of lining and muscle of uterus).
- Excessive scar formation (called keloid scars).
- Complications of anesthesia. Discuss this with the doctor.
- Any future children may need to be delivered by cesarean section, depending on how the uterine (not skin) incision was done.

- Blood clots which can travel to the lung, causing lung damage.
- In rare situations, there can be injury to the bladder, intestine or other structures encountered during the surgery.



POSTPROCEDURE CARE

GENERAL MEASURES

- Expect a hospital stay of 3 to 5 days.
- Move and elevate your legs often while resting in bed to improve circulation and decrease the likelihood of deep-vein clots.
- A hard ridge should form along the incision. As it heals, the ridge will gradually recede.
- Use an electric heating pad, a heat lamp or a warm compress to relieve incisional pain.
- Shower as usual. You may wash the incision gently with mild, unscented soap. Resume tub baths after 2-3 weeks.
- Don't douche unless advised to by the doctor.

MEDICATION

- Antibiotics, if needed, to fight or prevent infection.
- Prescription pain medication should generally be required for only 2 to 7 days following the procedure.
- You may use nonprescription drugs, such as acetaminophen, for minor pain. Avoid aspirin.

ACTIVITY

- Resume daily activities and work as soon as you are able. Full recovery normally takes about 6 weeks.
- After 6 weeks, you may begin an exercise program to regain muscle tone. Avoid heavy lifting for 6 weeks.
- Resume driving 2 weeks after returning home or as directed by your doctor.
- Avoid sexual intercourse for 4 to 6 weeks or as directed by your doctor.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- Pain, swelling, redness, drainage or bleeding increase in the surgical area.
- Bleeding soaks more than 1 pad or tampon each hour.
- Nipples become sore or cracked.
- The urge to urinate frequently persists longer than 1 month.
- Vaginal discharge persists more than 1 month after surgery.
- You experience nausea and vomiting.
- You become short of breath or feel faint.
- You develop signs of infection, including headache, muscle aches, dizziness or a general ill feeling and fever.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.